

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042784

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5879

FILED DEC 10 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 2 1/2 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If outside, give location) 4026 Highland	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Thornton J. MAGRUDER		4. DATE OF DEATH 11 - 20 - 62	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-12-13
9. AGE (last birthday) 48	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		11. BIRTHPLACE (City and state or country) LAKE CITY ARSNEL ARMSTRONG, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME C.T. MAGRUDER		13b. MOTHER'S MAIDEN NAME VIOLA GEORGE	
14. NAME OF HUSBAND OR WIFE MARJORIE MAGRUDER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address MARJORIE MAGRUDER 4026 HIGHLAND	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PENA PNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHRONIC RHEUMATOID ARTHRITIS DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 days 10 years 3 days?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pyelo NEPHRITIS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Nov 17 - 62 to Nov 20 - 62 and last saw him alive on Nov 20 - 62 Death occurred at 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph L. Hall M.D. (Degree or title)	22b. ADDRESS St. Lukes Hospital Kans. City	22c. DATE SIGNED 11/20/62 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10-20-1962	23c. NAME OF CEMETERY OR CREMATORY WESLEY CHAPEL CEMETERY ARMSTRONG Mo.	23d. LOCATION (City, town, or county)
24. FUNERAL DIRECTOR RALPH CARP FUNERAL HOME, FAYETTE Mo	25. DATE RECD. BY LOCAL REG. 11-22-62	26. REGISTRAR'S SIGNATURE Ruth N. Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Ralph L. Hall MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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DEC 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stirling E. Goddard

Licensed Embalmer No. 4911

P. O. Address Grandview Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.